# 624000119746

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_ (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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SC Catfish LLC		
Please Debit FCA	000000003 For: 25	
Thank you Seth N	eeley	
Stof/		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File (→ CO
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
1.		Officer Search
4	7/	Fictitious Search
Signature	<del>/</del>	Fictitious Owner Search
-		Vehicle Search
		Driving Record
Requested by:		UCC 1 or 3 File
Name	Date Time	UCC II Search
		UCC II Retrieval
Walk-In	Will Pick Up	Courier

## **COVER LETTER**

	ation Sec 1 of Corp	tion orations		
	CATFIS	HILC		
SUBJECT:		Name of Lin	nited Liability Company	······································
The enclosed Art	icles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all o	correspon	dence concerning this matter	to the following:	
		HERMAN SINGH		
		1-1-1-	Name of Person	· 1
		HERMAN SINGH AND	ASSOCIATES INC	. *
			Firm/Company	
		1150 GREENWOOD BLV	/D SUITE 1068	
			Address	<u> </u>
		LAKE MARY FL 32746		$\overline{c}$
		INFO@HSTAXES.COM	City/State and Zip Code	
For further inforn	nation co	E-mail address: ( neerning this matter, please c	to be used for future annual report	notification)
HERMAN SING	Н		407 831-139	9
	Name of l	Person		ytime Telephone Number
Enclosed is a chec	ck for the	following amount:		
□ \$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address: ation Se		Street Address	
		rporations	Registration Division of 0	Section Corporations
P.O. Bo	x 6327	•	The Centre of	of Tallahassee
Tallaha	ssee, Fl	<sub>-</sub> 32314	2415 N. Moi	nroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SC CATFISH LLC		
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our record Liability Company)	[s.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000119746</u>	were filed on 3/8/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "I I C	or the obbusylation of f O'll
Enter new principal offices address, if applicable:	2324 13TH STREET	or the audieviation E.C.C.
(Principal office address MUST BE A STREET ADDRESS)	SAINT CLOUD FL 34769	· · · · · · · · · · · · · · · · · · ·
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:	2324 13TH STREET	<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)	SAINT CLOUD FL 34769	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	s
	Tři.	and to

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

Zip Code

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGMR	NICOLAS LESPINE	2612 ROBERT TRENT JONES DRIVE	■Add
		APT 733	
		ORLANDO FL 32835	
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			<i>:</i>
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	the date of filing:  must be specific and cannot be prior to date of filing shock does not need the applicable statutory to Department of State's records.	(optional)  ig or more than 90 days after filing.) P  y filing requirements, this date w	rursuant to 605 ill not be list
ord specifies a delayed effect filed.	ctive date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The	90th day afte
nied,			
MAY 16	2024		
	Signature of a member or anthorized represe		